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| TRANSPORTATION SERVICES ORDER CORRECTION NOTICE | | DATE NOTICE PREPARED | |
| 1. ORIGINAL TSO NUMBER/BL NUMBE | | 2.ORIGINAL DATE TSO WAS ISSUED | |
| | | 3. TOTAL WEIGHT SHOWN ON TSO | |
| 4. CONTROL NUMBER / AGENCY ITMS ID NUMBER | | | |
| 5. ORIGIN (As shown in “origin” block on TSO) | | 6. DESTINATION (As Shown in “destination” block on TSO) | |
| 7. ROUTE (Complete routing if shown on TSO) | | 8. ISSUING OFFICE (As shown on TSO under “For Use of Issuing Office”) | |
| 9. TO: (Name & address of carrier/activity & SCAC to which directed, including ZIP Code, phone & fax numbers) | | 10. Complete Items 9a, b, and c only when correction is made after transportation charges have been paid. | |
| | | a. D.O. VOUCHER NUMBER | |
| | | b. D.O. VOUCHER DATE | |
| | | c. D.O. SYMBOL | |
| 11. FROM: (Full name & address of the activity initiating the notice, including ZIP Code, phone & fax numbers.) | | | |
| 12. TRANSPORTATION SERVICES ORDER NOW READS (Show the block number & information as it reads prior to correction.) | | 13. CORRECT TRANSPORTATION SERVICES ORDER TO READ (Show how the block number & corrected information should read.) | |
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| 14. AUTHORITY FOR CORRECTION (Tariff & item numbers; classification & item number; or other authority for making the change.) | | | |
| 15. REMARKS (Pertinent information not otherwise provided on the form. If more space is required, use reverse side of this form.) | | | |
| 16. INFORMATION COPY TO (Name & address, including ZIP Code) | | 17. SIGNATURE & TITLE OF INITIATING OFFICIAL | |
| | | 18. CARRIER REPRESENTATIVE’S SIGNATURE (Require when notice is initiated by shipper & transportations charges are affected) | |